



| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number 116650.05 | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------------|-------------------------|----------|------------|-------------------------|--|--|-------|------|----------|--|-------|-------|----------|---|--------|-------|----------|--|--------|-------|----------|--|--------|--------|----------|
| Application Number 09/282,229 | | Filed March 31, 1999 | | | | | | | | | | | | | | | | | | | | | | | | |
| For HIGHLY COMPNENTIZED SYSTEM ARCHITECTURE WITH OBJECT MUTATION | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Art Unit 2126 | Examiner T.T. Ho | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1. 136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="0" style="width:100%"><thead><tr><th></th><th style="text-align:center"><u>Fee</u></th><th style="text-align:center"><u>Small Entity Fee</u></th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align:center">\$120</td><td style="text-align:center">\$55</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align:center">\$450</td><td style="text-align:center">\$215</td><td>\$450.00</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align:center">\$1020</td><td style="text-align:center">\$490</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1. 1 7(a)(4))</td><td style="text-align:center">\$1590</td><td style="text-align:center">\$765</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align:center">\$2160</td><td style="text-align:center">\$1040</td><td>\$ _____</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account Number <u>50-0463</u> . I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>38,222</u>.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____.</p> <div style="display:flex; justify-content:space-between; margin-top:20px"><div style="width:45%; text-align:center"><div style="border-top: 1px solid black; margin-top: 5px; width: 100%;"></div>Signature <div style="border-top: 1px solid black; margin-top: 5px; width: 100%;"></div>David S. Lee Typed or printed name</div><div style="width:45%; text-align:center"><div style="border-top: 1px solid black; margin-top: 5px; width: 100%;"></div>Date <div style="border-top: 1px solid black; margin-top: 5px; width: 100%;"></div>(425) 703-8092 Telephone Number</div></div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted</p> | | | | <u>Fee</u> | <u>Small Entity Fee</u> | | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$55 | \$ _____ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$215 | \$450.00 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$490 | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1. 1 7(a)(4)) | \$1590 | \$765 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1040 | \$ _____ |
| | <u>Fee</u> | <u>Small Entity Fee</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$55 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$215 | \$450.00 | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$490 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1. 1 7(a)(4)) | \$1590 | \$765 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1040 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | |

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